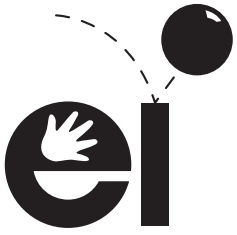
REIMBURSEMENT PROCEDURES

for

RHODE ISLAND EARLY INTERVENTION



early intervention

supporting families and child development

TABLE OF CONTENTS

Introduction

The Rhode Island Department of Health (HEALTH) and the Department of Human Services (DHS) have increased funding through Medicaid to certified Early Intervention providers in order to better support appropriate clinical practices. These new rates were effective as of November 1, 2001, and are "provisional" for a one-year period, with HEALTH and DHS reserving the right to extend the "provisional" rates in three-month increments.

A memorandum of information has been developed between HEALTH and DHS in order to delineate the underlying assumptions for all new rate calculations. Assumptions and suggestions for reporting documentation of sound clinical practice implementation accompany these rate changes. A primary component of this initiative is to set up the rate structure to encourage sound clinical practice. The assumptions underlying the rates are stated as part of the provisional approval. These include:

- All persons providing these services must be appropriately licensed, certified, and registered or trained and performing duties in accordance with the job descriptions provided in the Certification Standards.

- Professionals who are employed by the agency will provide a minimum of 80% of services. HEALTH will assume that all providers are moving toward an 80% mark within the first year.

- Subsequently, in order to support transdisciplinary activities, training, and service delivery, HEALTH will expect that all full service EI providers will be moving towards a 90% ratio of services that are provided by either the EI providers itself or by EI specialty providers. While HEALTH continues to explore the concept and implementation of natural environments, we look forward to the reauthorization of IDEA, Part C to provide us with additional assistance in this area.

In agreement with DHS, HEALTH, through its quality assurance procedures, will assume responsibility for monitoring to ensure that these assumptions are met.

At the conclusion of the provisional period, DHS and HEALTH will reconvene to review quality assurance data and reassess all EI rates.

The following revised "Early Intervention Reimbursement Procedures," as well as definitions of services and qualified personnel, will serve as a reference point for all providers.

The Rhode Island Department of Health (HEALTH) will reimburse for Early Intervention (EI) direct and non-direct services provided by certified EI providers that follow federal and state guidelines for the Individuals with Disabilities Education Act (IDEA) Part C. Providers must follow policies and procedures as defined by third party payers. Providers must verify that all reasonable attempts have been made to access third party payers, including state and federal sources (e.g. Medicaid). HEALTH funding is always the payer of last resort.

The HEALTH EI Services Review Reimbursement Flow Charts (see pages 30 and 31) outline the decision making process for the payer of service. HEALTH should only be billed for services given to families that have not authorized use of private insurance, services not covered by other payers, or uninsured families. HEALTH will pay for services for a limited amount of time for providers who are in the process of being certified by other payment sources. Providers must request reimbursement for only total amount of actual contact time. (Contact time of one service equaling 45 minutes and another equaling 16 minutes does **not** allow for total billing of 90 minutes.) Providers may request reimbursement for all EI services delivered by qualified personnel as defined in the following pages.

Reimbursement from HEALTH for Direct Early Intervention Services

All Early Intervention Services given to children and their families as part of their Individualized Family Service Plan (IFSP), regardless of payer source, must be entered into the Early Intervention Management Information System (EIMIS), identifying the service provider and their qualifications.

The provider may request reimbursement for services defined in the "Early Intervention Aervice Definitions" and "Types of Early Intervention Services" at the rates stated in "Fee-for-Servoce Reimbursement Rates," found on pages 9 and 10. Services rendered by the provider must be entered into the EIMIS within two weeks of the service date. The EIMIS will assist the provider in developing a reimbursement request for HEALTH. It is the responsibility of the provider to make sure the information is accurate. Data must be transmitted to HEALTH every two weeks.

Although HEALTH does not reimburse EI programs directly for mileage, HEALTH will reimburse programs for some transportation expenses that are related to providing direct services to families. This includes the cost of transportation to Block Island or Prudence Island once approved by HEALTH. Reimbursement is requested through "other" with a receipt attached to the bill.

On the 15th of every month, providers must send a bill for all services rendered in the previous month. The EIMIS Services Review database will provide all sites with three reports to help generate the reimbursement request to HEALTH. The provider should print the three reports, review them, attach relevant information, and send them to HEALTH for payment.

The "Detailed Review of Early Intervention Service and Cost Estimate for HEALTH Only" report will print a detailed list of services rendered reimbursable by HEALTH within that month. The total on this report should match the total estimate on the "HEALTH Cost Estimate Review

Summary" printed on the same date for the same time frame. The total should also match the HEALTH total column on the "HEALTH Cost Estimate Review by Service" report.

Providers are required to attach any denials for previous services (such as a day care bill from an outside provider) to the bill (services rendered forms from two months prior may also be attached, with reason why services were not entered in a timely manner). Response to referrals also falls in this category. Providers must log all referral responses for which they request reimbursement. The log should be kept on site, and each month's total must be added in the correct box on the "HEALTH Cost Estimate Review Summary."

Back Billing

There should be a limited amount of direct services that are not entered within the 15-day rule. Services provided by outside providers may arrive late. In these circumstances, providers may use the "Services from prior months not reimbursed $" line (no longer then three prior months) on the "HEALTH Cost Estimate Review Summary," to receive reimbursement for these services. The total on this line should match a summary sheet with the child's name, ID, date of service, type of service, billing code, and amount. These services must be entered into EIMIS before they appear on the request for reimbursement.

Denials

HEALTH will reimburse for services provided if denied from another third party payer as long as providers have followed the correct procedure for that payer within the payer's time frame. If providers are having trouble collecting from third party payers, providers must track the problem and file a complaint with the Chief of the Office of Managed Care Regulation at HEALTH. HEALTH will pay denials up to five months past date of service.

The Medicaid system is set up so that providers may call for child eligibility. Eligibility is determined before billing, so that the correct payer is billed. HEALTH will pay for financial intake to assure the correct payer is listed. Medicaid and HEALTH reimbursement is the same for all direct services for children. Anything denied by Medicaid is denied by HEALTH, unless a special request is made.

HEALTH will receive copies of actual denials as well as a summary report listing the following in alphabetical order (by site): Child Name, Date of Service, Service Code, Amount Billed, Insurance that denied, Reason for Denial, Date Resubmitted, Date sent to HEALTH, Total amount for all denials. The total amount must match denials requested on the "HEALTH Cost Estimate Review Summary." Denials must also be attached.

Special Requests

If a provider makes a special request that will be reflected in the billing reports and the request was approved by HEALTH, the provider must note these special request on the front of the "HEALTH Cost Estimate Review Summary" by stating the request, the date requested, and the HEALTH personnel who approved it. This will assure consistency with the personnel who reviews the billing to check the special request log or personnel who approved the request.

Reimbursement from HEALTH for Nondirect Services

At the discretion of HEALTH, providers may request reimbursement for nondirect costs for Early Intervention services. File management, supervision, and training are categories under nondirect service that are currently being used. For each category, the total must be entered in the correct box on the "HEALTH Cost Estimate Review Summary," and the necessary documentation must be attached. No back billing is allowed for these categories. Monies taken away for noncompliance cannot be recouped.

File Management - File Management consists of ensuring that all required paper documentation is completed and placed in a child's file in a timely fashion (no more than 15 days after service is rendered) and is consistent with data entered in EIMIS. To record attempts to follow IFSP, all cancellations should also be entered in EIMIS and filed. Cancellations are defined as the following:

1. **NO-SHOW:** A face to face appointment which is either cancelled with less than an eight (business)-hour notice or for which the service provider is at the location designated for the appointment, but the child and family are not.

2. **CLIENT CANCELLATION:** Family cancels appointment, giving eight or more business hours' notice.

3. **PROVIDER CANCELLATION:** The service provider cancels the appointment due to illness, etc.

4. **OTHER:** When appointment is cancelled by other circumstances (as defined by a governor-declared state of emergency) or weather related (as defined by school closing in the town of the agency or the town of the visit).

To request reimbursement, providers must attach the "Early Intervention Children Current Child Count by Town" to their request, printed on the last working day of the month. Providers will receive $10 per active child. Providers must enter the total number on the "Early Intervention Children Current Child Count by Town" times $10 in the file management box. In order to receive reimbursement for file management, both of the following conditions must be met:

1. All required paper documentation must be in a child's file in a timely manner and consistent with EIMIS (no more than 15 days after a service is rendered and consistent with data entered into EIMIS).

2. EIMIS staff **MUST** attend HEALTH's quarterly EIMIS meetings.

Anyone may attend HEALTH's quarterly EIMIS meetings; however, reimbursement for file management will be considered only if appointed EIMIS staff attend. New staff appointed to run the EIMIS must call HEALTH to schedule an individual training session.

Supervision - HEALTH will pay for two hours of clinical supervision by a clinical supervisor for each direct service provider per month. Documentation of supervision must minimally consist of date of supervision, minutes of supervision, a brief summary of the topic of supervision, the signature of the supervisor, and the signature of the person receiving supervision. This documentation must be maintained on site and available for HEALTH review. In order for the program to be eligible for this reimbursement, the clinical supervisor(s) must regularly attend Clinical Supervision Meetings offered by HEALTH. It is HEALTH's expectation that supervision that is submitted for reimbursement will reflect the attached standards of practice for effective supervision (which encompass the recommendations of NECTAS and the requirements of the Certification Standards).

It is required that in order to bill HEALTH for supervision:

1. All agencies must have a clinical supervisor.

2. The supervision must be done by a clinical supervisor who regularly (no less than 90% of the scheduled sessions) attends the Clinical Supervisor's course (no other staff can bill for this).

3. Supervision may be billed for up to two hours per months for full-time direct service staff (amount of supervision for part-time staff should be pro-rated).

4. Documentation of this supervision must be in accordance with best practices in supervision and available for HEALTH review.

5. The amount billed must be consistent with the number of documented sessions and submitted on the clinical supervisor's log provided by HEALTH, which is filled out in its entirety.

THESE REQUIREMENTS MAY CHANGE AT HEALTH'S DISCRETION AT ANY TIME.

Supervision as defined above does NOT:

- Occur on a group basis, including staff meetings

- Cover agency operation or billing practices

- Cover personnel/disciplinary actions

- Cover short (less than 30 minutes) unscheduled conversations between clinical supervisors and staff

- Cover supervision needed to maintain certificate, license, or registration that is relevant to specialties

DO NOT BILL HEALTH UNLESS YOUR AGENCY MEETS THE REQUIREMNTS LISTED ABOVE.

Regardless of whether or not you chose to seek HEALTH reimbursement, you are contractually obligated to provide and document for HEALTH's review supervision as defined in the Certification Standards.

Training – HEALTH will pay a maximum of 15 hours per FTE staff (pro-rated for part-time staff) training per year, starting July 1, 2002 (a training year is July 1 through June 30). The reimbursement amount is to cover billable time loss while staff is at training. HEALTH ***will not*** pay for training required for keeping licenses/registrations or certificates or any training held after 6 p.m. or on weekends. Training must relate to clinical profession or EI practice. Training must be pre-approved, and the application forms must be attached to the HEALTH Cost Estimate Review Summary, along with proof of attendance.

All non-direct service requests identified by HEALTH should be entered in the correct category on the "HEALTH Cost Estimate Review Summary" and totaled.

Reimbursement Process

Each provider should have/build capacity to be full service providers. Providers are responsible for all billing for services on the IFSP. However, it must be recognized that there are three different instances where a provider may want to use other resources outside their agencies:

1. Unique Programs - Unique programs are those program which are only offered by certain sites due to their specialty nature. Programs such as Hannen (where the therapists need to be certified) would be considered unique if only one or two agencies were able to provide them.

2. Capacity Issues

3. Outside Agencies/Specialty Providers

The Early Intervention System needs to be flexible enough so that families have opportunities for services across programs. In each instance, the type of insurance the child has impacts on how reimbursement works.

The following steps must be completed when providers utilize programs outside their agency:

1. The provider contracts with outside agency.

2. Services are arranged for the child.

3. The outside agency fills out service rendered form (SRF) and sends the SRF and bills to the provider.

4. The provider must enter data into Early Intervention Management Information System (EIMIS), indicating the agency providing the service.

5. The provider must write a check to the outside agency.

6. The provider then must follow correct procedure to receive reimbursement for the outside services depending, on the child's insurance.

Please note that only certified Early Intervention providers can use EI Medicaid Codes; so even when contracting with outside agencies who have a Medicaid number, these agencies could not use the EI Medicaid codes. To accurately count the number of children using EI Medicaid codes, the primary agency must bill Medicaid.

Providers who wish to bill differently must call HEALTH for a special request. Each case will be reviewed for consideration. If a special request is granted for shared billing and is approved by HEALTH, the following steps may be taken:

1. Contract with outside agency (EI certified).

2. Arrange services for the child (receive signed release; then send IFSP, HCFA).

3. Outside agency completes SRF and sends SRF to provider; outside agency must report child's progress to provider on a monthly basis.

4. Outside agency must follow the correct procedure to receive reimbursement. If outside agency is another EI provider, it may bill HEALTH directly for those services by adding the total to their request for reimbursement summary (no data is entered in the outside provider's EIMIS). If other agency is not an EI provider but is a Medicaid provider, it may bill Medicaid directly.

5. Provider must enter the SRF into EIMIS, using the outside agency's name and code 990 for pre-paid services.

Request for Reimbursement

When providers submit a request for reimbursement, the following items must be attached or transmitted electronically to HEALTH:

1. HEALTH Cost Estimate Review Summary - Signed by an authorized agent of the provider (This is the total reimbursement request to HEALTH)
2. Detailed Review of Early Intervention Service and Cost Estimate for HEALTH only
3. HEALTH Cost Estimate Review by Service (This is the total amount requested from all sources)
4. Early Intervention Current Child Count by Town
5. Provider staffing form
6. EIMIS database
7. Required documentation as stated on the HEALTH Cost Estimate Review Summary or above
8. Supervision log with appropriate information and signatures

HEALTH's Review and Adjustments

When all required materials are submitted, HEALTH will review the monthly request for reimbursement in accordance with the EI Certification Standards and service definitions. When adjustments to the request are required, HEALTH will contact the provider. Requests for reimbursement will not be processed if one or more of the following conditions exists:

- Service duplication
- Services rendered before IFSP is developed (exceptions noted through special request)
- Billing for services which are not in accordance with staff duties
- Services that require two or more staff members present - incorrect number of staff for service
- Denial from third-party payer is not attached
- Documentation of reasonable effort to obtain third-party payment is not attached
- Services are rendered beyond the program's age limit requirement (except transition service and service coordination). Note: Providing services in the summer months because an IEP

decision was not made by an LEA is not an exception ,without special request obtained. Please contact HEATH in those situations.

- Training was not approved by HEALTH
- Other (at HEALTH's discretion with written explanation to provider)

The "Detailed Review of Early Intervention Service and Costs Estimate HEALTH Only" report serves as a tool by HEALTH to review for the conditions listed above. The report indicates services that have over the number of maximum number of units reimbursable with an asterisk. Only the maximum number of units is added to the total.

The child's primary insurance appears on the report so that any service billed where the child has a third-party payer can be readily identified by HEALTH. The child's date of birth also appears on the report to review services pertaining to age. Providers may be able to resubmit some services not reimbursed by HEALTH with necessary documentation for HEALTH's reconsideration on the next request.

This process is subject to change by HEALTH as the system develops.

The next few pages describe the reimbursement rates and the algorithm that was used to develop the rates. These new rates were effective as of November 1, 2001, and are "provisional" for a one-year period, with HEALTH and DHS reserving the right to extend the "provisional" rates in three-month increments. The quality assurance process, including record review, will be used to determine if services are given within HEALTH guidelines to continue with the "provisional" rates.

FEE-FOR-SERVICE REIMBURSEMENT RATES[1]

Medicaid/ Health Code	Description of Service	Unit Rate	Maximum Units
X0228	OT Evaluation	$61.78 for 30 min	3
X0230	PT Evaluation	$61.78 for 30 min	3
X0231	PT Services	$61.78 for 30 min	3
X0232	OT Services	$61.78 for 30 min	3
X0233	Speech Evaluation	$61.78 for 30 min	3
X0234	Speech Services	$61.78 for 30 min	3
X0235	Other Professional Evaluation	$61.78 for 30 min	3
X0236	Center Group Services (rehabilitative)	$30.89 for 30 min	3
X0237	Consult to Child Care	$51.48 for 30 min	3
X0238	Consult to Agency	$51.48 for 30 min	3
X0241	Service Coordination	$36.04 for30 min	4
X0242	Intake/Family Assessment	$36.04 for 30 min	4
X0243	Assessment/2 Providers	$123.56 for 30 min	4
X0244	IFSP/Progress Review	$51.48 for 30 min	4
X0245	IFSP Meeting	$51.48 for 30 min	4
X0245B	Interim IFSP[4]	No Rate	
X0246	Developmental Monitoring	$51.48 for 30 min	2
X0247	Transition Planning	$51.48 for 30 min	4
X0248	Nutrition Services	$51.48 for 30 min	3
X0249	Transportation[2]	$10.30	2
X0250	Nursing Services	$51.48 for 30 min	3
X0251	Individual Child Therapy	$61.78 for 30 min	3
X0252	Individual Child/Family Therapy	$61.78 for 30 min	3
X0253	Individual/Family Therapy	$61.78 for 30 min	3
X0254	Integrated Group (non-rehabilitative)	$30.89 for 30 min	3

Medicaid/ Health Code	Description of Service	Unit Rate	Maximum Units
X0255	Center Development Group	$30.89 for 30 min	3
X0256	Parent & Child Group	$30.89 for 30 min	3
X0257	Parent Ed/Support Group	$30.89 for 30 min	3
X0258	Special Group	$30.89 for 30 min	3
X0259	Assistive Tech. Device	As billed	-
X0260	Assistive Technology[3]	$51.48 for 30 min	10
X0675	Medical Case Management	$36.04 for 30 min	4
X700	EI Training/Orientation[4]	No Rate	
X0990	Pre-Paid Services[4]	No Rate	
X0991A	Response to Referral[4]	$36.04 for 30 min	4
X0991	File Management[4]	$10 per active child	
X0993	Supervision[4]	$50 for 30 min	4
X0994	Sign Language Interpreter[5]	$25.74 for 30 min	10
X0995	Translator[5]	$36.04 for 30 min	4
X0996	Interpreter[5]	$20.59 for 30 min	10
X0997	Financial Intake[4]	$51.48 for 30 min	1
X0998	Participation in HEALTH-Sanctioned Training[4]	$25 for 60 min	5
X0999	Other	As billed	-

1 – all rates subject to change
2 - transportation =2 units=round trip
3 - minimum 40-50 minutes
4 – HEALTH-reimbursed only; do not bill Medicaid
5 - HEALTH-reimbursed only; in negotiation with Medicaid

Rate Setting Algorithm for Health and Medicaid Reimbursement of EI Services

		LABOR COSTS								
Rate Setting Factors-Early Intervention	**Hourly rate**	**Prevailing**	**Adj. For Payroll**	**Adj. For**	**Cost per hr**	**Cost per hr**	**Cost per billable hr**	**Revenue**	**Difference**	**Percent diff**
		Yrly Salary	**Taxes, hlth ins,.oth.**	**Ovhd as % of Salary**	**on payroll**	**Actually**	**PrDir. Svc Hrs @**	Generated	from	from
			24%	**60%**		**on job**	**50%**	at per hr	cost	cost
Col 1	**col 2**	**col 3**	**Col 4**	**col 5**	**col 6**	**col 7**	**col 8**	**col 9**	**col 10**	**col 11**
Health Care Professional					**FTE hrs =**					
					2015	1782.5	891.25	120.00		
Occupational therapist	$25.44	51,262.61	63,565.63	101,705.01	50.47	57.06	114.12	106,950.00	5,244.99	5.16%
Physical therapist	$30.57	61,589.48	76,370.96	122,193.53	60.64	68.55	137.10	106,950.00	(15,243.53)	-12.47%
Speech Pathologist	$23.91	48,185.20	59,749.65	95,599.43	47.44	53.63	107.26	106,950.00	11,350.57	11.87%
			If provided OT,PT,SP in equal proportions, avg cost/hour would be:				119.49			

PLEASE NOTE THAT EXPECTED BILLABILITY OVER THE COURSE OF A CALENDER YEAR IS 50%.

Column 8 shows the end results of the analysis after various cost factors are entered. Attention is drawn first to this column to set the referent. Cost factors are analyzed for the services of an Occupational Therapist, a Physical Therapist, and Speech Pathologist to arrive at estimated hourly costs to a provider agency for the services of these professionals. As will be further defined below, these costs includes overhead expenses and fringe benefits.

IT MUST BE REMEMBERED THAT OUR GOAL IS TO COVER THE COST OF SERVICES. As all EI providers are nonprofit agencies, this goal should be consistent with the mission of each agency. The specific cost factors or assumptions driving the analysis are described below, column by column. The end results are shown as:

- Occupational Therapist $114.12
- Physical Therapist $137.10
- Speech Pathologist $107.26

Based on the analysis, the estimated costs for an agency to provide the services of these professionals will vary by profession. The primary factor in these differences is the base hourly cost for labor. The average cost for PT/OT/SLP services is calculated at $119.49, assuming that each service is provided in equal proportion. If services are provided by professionals that are paid less per hour, then the average cost of providing all services will be less. As HEALTH attempts to increase the timely implementation of IFSPs, pursue private insurance monies, and promote a transdisciplinary service delivery model, the proportion of delivery of services is in flux and will be reconsidered when HEALTH and DHS reconsider the "provisional" status of the rates.

The intent of the analysis presented in columns 1 through 5 is to estimate the cost to an agency of having the health care professional providing direct services as a salaried employee. This includes basic compensation, fringe expenses, and a factor for agency overhead costs. Costs for an employee are represented in total dollars and in costs per hour. Columns 6 through 8 calculate costs per hour based on differing assumptions, with column 8 showing estimated agency costs per hour of billable time for the health care professional. This figure can then be related to the proposed rate. Columns 9 through 11 project the financial results for the agency, given the assumptions made. Each of the columns includes certain assumptions that are described below.

Column 1 identifies the specific professional providing the service. From a rate standpoint, this includes the key *assumption* that the *person providing and billing for the service is in all cases a duly licensed professional.*

Column 2 represents the hourly rate as reported on the Rhode Island Department of Labor and Training (DLT) website as of August 1, 2001. This information was last updated on May 10, 2001. The hourly rates reported are for mean, entry (25^{th} percentile), median, and experienced (75^{th} percentile). The median hourly rate is used here and increased by a 2.5% factor to adjust for wage increases. DLT confirmed that these rates represented direct wages and did not include a factor for fringe expenses (i.e., FICA, FUTA, health insurance, and other).

Column 3 projects the prevailing yearly salary based on the hourly rate multiplied by 2,015 annual hours on payroll. The 2,015 annual hours represents a "hybrid" or the midpoint between a 37.5 hour work week (1,950 annual hours) and a 40 hour work (2,080 annual hours).

Column 4 calculates the estimated direct expenses for having an employee on payroll when fringe costs are included. A fringe cost of twenty-four percent (24%) of direct wages is used. This includes all payroll taxes and employee benefits such as health insurance, 401k/403b/retirement contributions, life insurance, disability, and other.

Column 5 shows total expenses per employee, including an allocation for overhead or indirect expenses. The factor used to adjust for indirect or overhead expenses is 60% of direct labor expenses or 37.5% of total expenses. This includes all executive, financial, and administrative staff; costs for space rental/amortization/maintenance; capital/equipment; legal and accounting fees; communications; travel; insurance; staff recruitment; staff training; supplies; etc.

For example, this analysis indicates that the total cost for an Occupational Therapist is $101,705.01. Assuming that this number is reasonable, the corollary rate question is whether the agency will break even or better with a rate of $120.00 per hour.

Column 6 converts the total annual cost from column 5 to an hourly cost based on 2,015 annual hours.

Column 7 adjusts for hours that the employee is not actually at work. This includes vacation, holiday, sick, and bereavement. It is estimated that the full-time employee will actually be on the job for 1,782.5 hours. The associated estimated cost per hour as follows:

	37.5 hr/wk	**40 hr/wk**	**Hybrid**
Maximum hours for year per FTE	1,950.0	2,080	2,015.0
Adjustments:			
15 days paid vacation	-112.5	-120	
10 paid leave (holiday, other)	-75.0	-80	
Paid sick time	-37.5	-40	
Net hours on the job	1,725.0	1,840	1,782.5

Vacation is calculated at three weeks, and the number of hours deducted is based on a 7.5 hour-workday or an eight-hour workday. Holidays and other paid leave are set at ten days. Paid sick time is set at one week. Other paid leave, such as bereavement or jury duty, are not accounted for directly; however, it may be absorbed by the amount of overhead paid to the agency.

Column 8 adjusts for hours on the job for the health care professional which are actually billable. Billability is based on direct face-to-face client specific services. One factor that may differentiate services is the basis for billing. If other activities of the professional are somehow included in a billable service, this may significantly affect the appropriateness of the rate. The billability percent used in column 8 is 50%.

Assumptions for Billability	37.5 hr/wk	40 hr/wk	Hybrid
Net hours on job	1,725.0	1,840.0	1,782.5
Admin mtgs, QA, supervision @ 1.5 hrs wk (48 wks)	-72.0	-72.0	-72.0
Training @ 32 hrs/yr	-32.0	-32.0	-32.0
Other admin activity @ 1 hr/day (230 days/yr) (including maintaining client records, phone)	-230.0	-230.0	-230.0
Travel @ 2 hrs day	-460.0	-460.0	-460.0
Subtotal – expected billable hours	931.0	1,046.0	988.5
No shows @ 10% of expected billable hours	-93.1	-104.6	-98.85
Net billable hhours	837.9	941.4	889.65
Billability percent	48.6%	51.2%	49.9%

Net billable hours and billability percent are derived. Travel time of two hours per day is included on the basis that a minimum of 90% of services are provided in individualized statewide settings rather than in a fixed facility setting. This also assumes that there is sufficient demand, that all of a provider's available hours are filled

It does account for "no shows," defined as arriving at an individualized setting and being unable to meet with a client 10% of the time. We may wish to examine the effects of "no shows" on our rate assumptions in the future, as a pattern of "no shows" is not considered an acceptable reason for terminating early intervention services by the federal Office of Special Education Program (OSEP). Thus EI providers may have a higher percentage of time scheduled that may not be billed than non-EI service providers would have.

Based on these estimates, a cost per billable hour is projected. Given all of the preceding assumptions, the breakeven point for the agency is identified. For example, for the occupational therapist the breakeven figure is $114.12; for the physical therapist it is $137.10.

Column 9 projects the revenue that will be generated by the health care professional. This is obtained by multiplying the billable hours times the $120 rate.

Column 10 compares column 5 total expenses with column 9, total revenue generated, and shows the difference.

Column 11 represents column 10 as a percentge of column 5.

The assumptions underlying the rates are explicitly stated as part of the provisional approval. These include:

- All persons providing these services must be appropriately licensed.

- A minimum of 80% of the services for each specialty area will be provided by health care professionals who are employed by the agency. Many of the assumptions of the rate calculation assume that the health care professionals are agency employees rather than contract or per diem.

  This affects the cost structure, particularly overhead and billability. In both of these areas, direct employment likely increases unit costs. In return, the agency and the purchaser should expect to realize enhanced quality (e.g., via training/continuing education, quality improvement programs, clinical oversight, on the job learning) continuity, reliability, and overall control over the services delivered. In some cases, it may be judged that the increased value does not warrant the additional cost. Early Intervention officials feel that the program's quality is considerably enhanced when staff are full-time employees of the agency.

- A minimum of 90% of the services for each specialty area are to be provided in a community or home setting, rather than in an agency facility.

As part of the arrangements for provisional rate adjustments, Early Intervention providers will be required to provide information regarding their cost structure in providing services as part of the certification/recertification process. No further rate adjustments will be considered without the appropriate documentation. If the appropriate documentation is not available for HEALTH review, rates may revert to prior levels at the discretion of HEALTH and DHS. Additionally, no one factor (i.e., no-show rate) will be considered in isolation in reviewing the rate structure. Information required will include:

- Identification of all staff providing professional services and licensure status
- Wages for specialists to determine prevailing wages
- Total services provided by employed versus contract staff
- Identification of settings in which services have been provided
- Cost of benefits
- Overhead or indirect expenses
- Billability based upon agreed upon methods for calculation
- No-show rates

Early Intervention Services (EIS)

EI providers and staff coordinate the appropriate services each child and family needs, as written in the Individualized Family Service Plan (IFSP). This means that EI providers can provide the services directly, contract for the services, or coordinate services. Coordinating services means both helping families access services with appropriate funding streams (i.e., Pathways for an integrated group) and ensuring the integration of services that are funded by EI with those that are funded through other sources. However, it is anticipated that programs will be moving toward directly providing 90% of services to maximize coordination of services and support a transdisciplinary approach. Below are the services offered by Early Intervention. For more information, please see Operational Standards.

- Assistive Technology Device
- Assistive Technology Service
- Audiology
- Family Training/Counseling/Home Visits
- Health Services
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Qualified Personnel Services
- Service Coordination Services
- Social Work Services
- Special Instruction
- Speech-Language Pathology
- Transportation and Related Costs
- Vision Services

To request reimbursement for these services, the services must be given in compliance with operational standards. The legal guardian must sign all service rendered forms. Providers may not use "signatures on file." All service rendered forms must be signed for all face-to-face contact with families.

For the purposes of these service definitions, qualified personnel refers to personnel who are considered qualified under IDEA, Part C. Trained personnel are personnel who have received pre-service or in-service Early Intervention training and fall under the definition of Service Coordinator I or Early Interventionist.

The following are descriptions on how to request reimbursement for services above, using Medicaid codes. For a brief summary, review the "Early Intervention Services List with Reimbursement Codes for Services" at the end of this section.

INDIVIDUAL SERVICES

Intake/Family Assessment (X-0242)

A brief, yet comprehensive, appraisal and gathering of information about the child's medical history, developmental status, significant unmet family needs, the family's existing social support network, primary care provider, and health insurance status.

It involves face-to-face contact with families and includes informing them about EI. Questions are identified to be addressed by the early intervention program during the forthcoming multi-disciplinary team evaluation and assessment process. Intake is conducted upon a child's initial referral to early intervention. The outcomes expected are completed intake forms, signed releases of information, and documentation of the family's receipt of procedural safeguards. This service must be provided by trained staff under the supervision of qualified personnel (as defined in IDEA, Part C).

Evaluation and Assessment X0243

A comprehensive multidisciplinary evaluation of child and family directed assessment conducted by a team of two or more qualified professionals, and parents, guardians, caregivers, or surrogate parents.

All professionals needed to conduct an assessment will be part of the comprehensive team. Rationale for exceptions must be documented. Other professionals may be added to reimbursement under: X0228-X0230-X0233-X0235 billing codes.

For those children who are not automatically eligible for EI, the objective of the evaluation process is to first determine eligibility for EI services. For all children who are eligible, this process addresses questions raised during intake, provides baseline levels of developmental functioning, and includes specifications of family's resources, priorities, and concerns related to enhancing the child's development.

The outcomes are a written report, which includes the previous information, determination of eligibility, and the identification of the child's needs and other information necessary to construct an IFSP. This process is conducted after intake, within 45 days of the referral, and is repeated annually thereafter, as long as the child/family continues to receive early intervention services.

Occupational Therapy Evaluation (X-0228)

A specialized evaluation by a licensed occupational therapist to identify children with impairments in their functional abilities in adaptive development, play, sensory, motor, and postural development, and to obtain information appropriate to program planning

Physical Therapy Evaluation (X-0230)

A specialized evaluation by a licensed physical therapist to identify movement dysfunction and related functional problems and to obtain information appropriate to program planning

Speech-Language Evaluation (X-0233)

A specialized evaluation by a licensed speech language pathologist to identify children with communication or oropharyngial disorders or delays in the development of communication skills and to obtain information appropriate to program planning

Other Professional Evaluation (X-0235)

A specialized evaluation by a licensed, certified, or registered professional in one of the EI service categories mandated by federal law. The purpose of such evaluations is to obtain information appropriate to program planning, e.g., Nutrition or Nursing.

Interim IFSP (X-0245B)

To provide services before an evaluation and/or IFSP, an interim IFSP must be signed. The interim IFSP should only be used when it is critical to implement services immediately. There should be appropriate documentation in the child's file to support the interim IFSP. An initial IFSP should be completed as soon as the situation allows.

IFSP Meeting (X-0245)

Meetings conducted within 45 days after the initial referral, after an eligible child's initial evaluation and assessment, and annually thereafter, as long as a child continues to receive early intervention services.

The initial IFSP meeting shall minimally include the parent(s) of the child, other family members requested by the parent, at least one qualified professional who participated in the evaluation and assessment process, the service coordinator designated to implement the IFSP, other service providers, and an advocate or person outside the family, if requested by the family. Consideration of the family's desire to include other professionals and community support staff e.g., nursing, daycare, DCYF worker, should be encouraged.

The outcome of the initial IFSP meeting is a written service plan for the child and family. If a family chooses not to sign the IFSP, a plan to resolve the disagreement should be documented. Subsequent meetings are to review and revise the plan, consistent with the results and findings from the annual multidisciplinary team evaluation and assessments. This service must be provided by trained staff under the supervision of qualified personnel (as defined in IDEA, Part C).

All professionals needed to develop the IFSP will be part of the comprehensive team. Rational for exceptions need to be documented. Other professionals may be added to reimbursement under their professional billing codes.

Two ways to initiate service:

1. Assessment and IFSP (45 days)
2. Interim IFSP (used when it is critical to implement services, if child is turning three, or annual is due after school system has tested)

IFSP/Progress Review (X-0244)

A formal review of the IFSP which occurs every six months after the initial and annual IFSP or more frequently if conditions warrant, or if a family requests such a review

Participants in this progress review shall minimally include the parent, service coordinator, and other selected team members as requested by the parent. The objective of this meeting shall be to review progress toward achieving outcomes and whether modifications or revisions of goals and services are needed. In accordance with best practice, at least one progress review within the year must include a qualified professional that is currently providing services to the child/family or who has expertise that will benefit the child/family. New goals and objectives may also be added. The outcome of this review shall be a revised IFSP.

This service must be provided by trained staff under the supervision of qualified personnel (as defined in IDEA, Part C).

All professionals needed to develop the IFSP/review will be part of the comprehensive team. Rationales for exceptions must be documented. Other professionals may be added to reimbursement under their professional billing codes.

Developmental Monitoring (X-0246)

Designed for eligible children and families who present evidence of vulnerability, yet do not require or whose families' do not choose participation in services at the present time

Developmental monitoring involves systematic, periodic appraisal (minimally every three months) of child development and family needs in order to determine: (1) re-referral for multi-transdisciplinary team evaluation and assessment; (2) referral to and linkage with existing community-based health, educational, or social service programs; and (3) continued monitoring.

Developmental monitoring can also be used for a “one time” informational session for children receiving services other than physical therapy, occupational therapy, or speech therapy in determining if these services may be needed. This code can be used “one time” only. If additional therapies are thought to be necessary, an assessment should be scheduled to determine need and frequency.

This must be conducted by qualified staff (who are using recognized child development screening procedures) and the parent(s). The outcome of the monitoring is documented in the record**.**

HEALTH will anticipate a "phase in" of the requirement to use a recognized screening procedure and is currently asking for clinical input into this issue.

Transition Planning (X-0247)

Transition planning is the planning of the transfer of children from early intervention into other environments at three years of age.

Planning of such transitions begin no later than, 30 months of age and must minimally include parent(s), EI trained staff, representative(s) from the public school district of the child's residence, other appropriate potential service providers, and other individuals as requested by the parents. Outcomes from such meetings shall be a written transition plan of activities and responsibilities which will occur in order to maximize continuity of services and prevent disruption of a child's progress by the time the child reaches 36 months.

This service must be provided by trained staff under the supervision of qualified personnel (as defined in IDEA, Part C).

Service Coordination (X-0241)

The outcomes, scope, duration, and frequency of this service is directed by the IFSP. Progress toward outcomes is documented and entered in the record. See Attachment A for more details.

Services are provided by trained EI staff for the purpose of assisting and enabling EI children and families to receive the rights, procedural safeguards, and services authorized under the IFSP.

Child Therapy (X-0251)

Includes Audiology, Health Services, Psychological Services, Social Work Services, Special Instruction, and Vision Services

- Occupational Therapy (X-0232)
- Physical Therapy (X-0231)
- Speech Language Therapy (X-0234)
- Assistive Technology (X-0259)
- Assistive Technology Services (X-0260)
- Nursing Services (X-0250)
- Nutrition Services (X-0248)

Individual child therapy is intensive preventive, developmental, habilitative, or remedial treatment of a child for the purpose of accelerating the child's development and functional skill acquisition or the resolution of specific skill or behavioral deficits. These services are conducted by appropriately certified or licensed clinicians. The outcomes, scope, duration, and frequency of these services are directed by the IFSP. Progress toward these outcomes is documented in the record.

Family/Child Therapy (X-0252)

Individual family/child intervention is intensive preventive, developmental, habilitative, or remedial treatment for the purpose of accelerating the child's development and functional skill acquisition or the resolution of specific skill or behavioral deficits.

In addition to the child, other family members (parents, brothers, sisters, and grandparents) are often the focus of this treatment so that the therapeutic interventions are fully integrated into the child's and family's daily routines. A secondary purpose of the family/child program is to enhance family members' abilities to enjoy and productively interact with their child, which will facilitate subsequently learning, allowing the child to interact maximally with the family. These services are conducted by qualified personnel. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress toward the outcomes documented in the record.

Family Counseling (X-0253)

To assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development

These services are provided by qualified personnel who give information, emotional support, and guidance to assist the family members in the resolution of specific questions or concerns related to their child's development. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress toward the outcomes are documented in the record.

Co-treatment Visit (bill each service at the rate it would be billed if provided separately, with the understanding that they are separate therapies (and different X codes))

A co-treatment visit is service to an individual child and that child’s family with two or more Early Intervention qualified professionals present. Co-treatment visits are usually for the purpose of consultation and coordination regarding treatment planning and approaches to treatment. Consultative visits by specialty providers for children with low incidence conditions are not considered co-treatments.

GROUP SERVICES

Integrated Group Placement (X-0254)

Integrated group is a daycare placement in which EI eligible children and typically developing children participate together.

The individually designed instruction for EI children is incorporated into typical program routines, providing opportunities for both groups of children to learn from one another. Groups are held in licensed child care programs. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress towards the outcomes is documented in the record. Full reimbursement of this service includes support to the child at the placement. Minimum support must be once each month for at least two service units. The plan for this support should be delineated in the IFSP. Services rendered form (SRF) documentation should be provided in the child's file.

Center Developmental Group (X-see below)

Specifically designed instruction and therapy for groups of EI children under the direct supervision of qualified personnel for the purpose of maximizing developmental and functional progress

These groups are provided under the supervision of qualified personnel. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress toward the outcomes is documented in the record.

There are two types of center developmental groups. They are

1. Nonrehabilitative (X-0255)
2. Rehabilitative (X-0236)

Parent and Child Group (X-0256)

Parent/child groups provide the opportunity to support and model for parents while they are engaged with their children. This service provides preventive, developmental, habilitative, or remedial treatment to the parent and child in a group setting in order to enhance the overall quality of the parent child interaction. These groups are provided under the supervision of qualified personnel. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress toward the outcomes is documented in the record.

Parent/Education Group (X0257)

Parent education and support groups are primarily directed toward parents for the purpose of providing information and skills, which will increase their ability to successfully care and advocate for their child. This service provides parents with the opportunity to support and learn

from one another, as well as from program staff. These groups are provided under the supervision of qualified personnel. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress toward the outcomes is documented in the record.

Special Group Services (X-0258)

A time limited group placement in which EI eligible children and typically developing children participate together such as "busy bodies," "gymboree," and "kinder-music"

The individually designed instruction for EI children is incorporated into typical program routines, providing opportunities for both groups of children to learn from one another. Groups are held in community programs. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress towards the outcomes is documented in the record. The assumption for full reimbursement of this service must include support to the child at the placement by qualified Early Intervention staff, as well as support to the placement's personnel, in order to enhance the natural learning opportunities. This support must be documented monthly and entered in EIMIS as a pre-paid service. The plan for this support should be delineated in the IFSP.

CONSULTATIVE SERVICES

Consultation Child Care (X 0237)

For EI eligible children attending licensed child care programs, the purpose of the consultation is to facilitate the child's continued learning, as well as successful accommodation and full participation in these settings. The consultant's role is to assist the provider in incorporating individually designed instruction and therapy services needed by the child into ongoing program activities. Consultants are qualified EI personnel. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress toward the outcomes is documented in the record. This code is used when a child is already in child care (not through EI), but it has been determined through the IFSP process that consultation to child care is needed.

Consultation to Other Agency (X-0238)

Children and families are served by other agencies in the community in addition to their participation in early intervention. Consultation often is needed to facilitate successful accommodation, adaptation, and full participation of children/families in the community. Consultation is provided by qualified EI personnel. The outcomes, scope, duration, and frequency are directed by the IFSP. Progress toward the outcomes is documented in the record.

Transportation (X-0249)

Includes the cost of travel necessary to enable an eligible child and family to receive EI services

Interpreter Services (996 for HEALTH only, Medicaid to assign code)

Defined as assuring quality communication with family members who support a child's participation in Early Intervention service

The communication will be in their native language, provided that their use of English is limited so as not to allow for effective communication. Effective communication will be accomplished through an interpreter who is credentialed to serve as an interpreter and or recognized as being a competent interpreter by an agency that is recognized as providing competent interpretation in social service/medical settings. In all cases, the interpreter must assure confidentiality for all work performed as prescribed by the hiring agency.

Translation Services (995 for HEALTH only, Medicaid to assign code)

Defined as providing clearly written materials to assure quality communication for the family member(s) who support a child's participation in Early Intervention services

The written materials will be in the native language of the family, provided that their use of written English is limited so as not to allow for effective communication. Effective communication will be accomplished through a translator who is credentialed to serve as a translator and/or is recognized as being a competent translator by an agency that is recognized as providing competent translating for social service/medical written materials. In all cases, the translator must assure confidentiality for all work performed as prescribed by the hiring agency.

Sign Language Interpreter (994 for HEALTH only, Medicaid to assign code)

Defined as assuring quality communication with family members who support a child's participation in Early Intervention services and who have a hearing/communication impairment and use sign language to communicate

The communication will be in form of sign language that allows for effective communication. Effective communication will be accomplished through an individual who is licensed to provide sign language interpretation to individuals with hearing/communication impairments. In all cases, the sign language interpreter must assure confidentiality for all work performed as prescribed by the hiring agency.

The following service definitions have billing codes to be used only with HEALTH. 994, 995 and 996 and are included in this list until notified of the Medicaid code:

EI Training/Orientation (700 for HEALTH only; not a Medicaid billing code)

EI Training/Orientation is a code to use for new staff members who attend service meetings as a training and or orientation. There is no rate related to the code, but attendance must be recorded in EIMIS.

File Management (991 for HEALTH only; not a Medicaid billing code)

File Management consists of ensuring that all required paper documentation is completed and placed in a child's file in a timely fashion (no more than 15 days after service is rendered) and is consistent with data entered in EIMIS. To record attempts to follow IFSP, all cancellations should also be entered in EIMIS and filed. Review the file management section above for more details.

Supervision (993 for HEALTH only; not a Medicaid billing code)

HEALTH will pay for two hours of clinical supervision by a clinical supervisor for each direct service provider per month. Documentation of supervision must minimally consist of date of supervision, minutes of supervision, a brief summary of the topic of supervision, and the signatures of the supervisor and the person receiving supervision. This documentation must be maintained on site and available for HEALTH review. The Clinical Supervisor(s) must regularly attend Clinical Supervision meetings offered by HEALTH in order for the program to be eligible for this reimbursement.

It is HEALTH's expectation that supervision submitted for reimbursement will reflect the attached standards of practice for effective supervision (which encompass the recommendations of NECTAS and the requirements of the Certification Standards). Review the supervision section above for more details.

Financial Intake (997 for HEALTH only; not a Medicaid billing code)

A face-to-face meeting with the family to assure accurate medical coverage information, including an opportunity to gather policy information (insurance policy numbers, etc,), assist families with completing any medical insurance forms, and to answer financial questions regarding the family's participation in early intervention

A second financial intake can be completed six months after the child's enrollment in services, and if the family's medical coverage changes.

Other (999 for HEALTH only; not a Medicaid billing code)

This code can be used with approval from HEALTH for services not defined in this document

Prepaid Services (990 for HEALTH only; not a Medicaid billing code)

This code is used to record services that have been paid previously by HEALTH (services performed by groups such as the Groden Center and Family Guidance Program). This code can also be used when physical therapy was performed in a group setting.

Response to Referrals (991A for HEALTH only; not a Medicaid billing code)

This function consists of education to referral sources (including parents) about early intervention in general, as well as information about the EI system in Rhode Island. Additionally, it may include a brief clinical interview to gain information to help determine an appropriate service coordinator. In order to be reimbursed, the person/people responding to calls must have the qualifications of a service coordinator I or higher. The service must last at least 16 minutes and is billable at the rate of $35 per ½ hour. Documentation consists of a service rendered form.

Training (998 for HEALTH only, not a Medicaid billing code)

HEALTH will pay a maximum of 15 hours per FTE staff (pro rated for part time staff) training per year starting July 1. The reimbursement amount is to cover billable time loss while staff is at training. HEALTH will not pay for training required for keeping licenses/registrations or certificates or any training held after 5 PM or on weekends. Training must relate to clinical profession or EI practice. Training must be pre-approved, and the application forms must be attached to the HEALTH Cost Estimate Review Summary along with proof of attendance.

EARLY INTERVENTION SERVICES LIST WITH REIMBURSEMENT CODES FOR SERVICES

SERVICE CODES	DESCRIPTION	XCODES	DESCRIPTION	Usage	Personnel
	Service codes are services offered by Early Intervention providers and are based on Part C Reporting Requirements		X codes are Medicaid codes used to reimburse for services performed by Early Intervention providers	Usage should match child IFSP. Below are maximum guidelines.	Below are guidelines based on definitions in operational standards.
A	Assistive Tech.	259 260	Assistive Tech. Device Assist. Tech.	Daily	Level 2
B	Audiology	259 260 234 233	Assistive Tech. Device Assist. Tech. Speech Service Speech Therapy Evaluation	Daily Daily Daily Once a Year	Level 2*
C	Family Counseling	253	Individual Family Therapy	Daily	Level 2
D	Health (not commonly used, to be used by physicians)		See Service code E	See Service code E	See Service code E
E	Med. Diagnostic (not commonly used)	235	Other Professional –Eval	Once a Year	Level 2
F	Nursing	250	Nurse Services	Daily	Level 2*
G	Nutrition	248	Nutritional Services	Daily	Level 2*
H	Occup. Therapy	232 251 252	OT-Services Individual Child Therapy Individual Child/Family Therapy	Daily	Level 2*
H1	OT-Evaluation	228	OT-Evaluation	Once a Year	Level 2*
I	Interp. / Translation	994 995 996	Sign Language Interpreter Translator Interpreter	Daily Daily Daily	TBD
J	Physical Therapy	231 251 252	PT-Service Individual Child Therapy Individual Child/Family Therapy		Level 2*
J1	PT-Evaluation	230	PT-Evaluation	Once a Year	Level 2*
K	Psychology	251 252 253	Individual Child Therapy Individual Child/Family Therapy Individual Family Therapy	Daily	Level 2
L	Service Coordination	241 246	Service Coordination Developmental Monitoring	Weekly Once every three months	Level 1 Level 2

EARLY INTERVENTION SERVICES LIST WITH REIMBURSEMENT CODES FOR SERVICES

SERVICE CODES	DESCRIPTION	XCODES	DESCRIPTION	Usage	Personnel
M	Social Work	251 252 253	Individual Child Therapy Individual Child/Family Therapy Individual Family Therapy	Daily	Level 2
Na	Sp. Instruction, Ctr Based (Rehab)	236	Ctr. Group Services	Weekly	Level 2
Na	Sp. Instruction, Ctr Based (Non Rehab)	255 256 257	Center Development Group Parent & Child Group Parent Education Group	Weekly	Level 1
Nb	Sp. Instruction, Integrated	254 258	Integrated Group Special Group	2X a week (typical) Weekly	Level 1 or above
Nc	Sp. Instruction, individual	251 252 253	Individual Child Therapy Individual Child/Family Therapy Individual Family Therapy	Daily	Level 2
O	Speech/Language	234 251 252	Speech Service Individual Child Therapy Individual Child/Family Therapy	Daily	Level 2*
O1	**Speech Therapy Evaluation**	233	Speech Therapy Evaluation	Speech Therapy Evaluation	Level 2*
P	Home Visiting (Not commonly use with new system, captured by location)		Captured by location - do not use	N/A	N/A
Q	Other (specify) (before enrollment or qualifying service)	235 242 243 245 245B 991A 997	Other Professional –Eval Intake/Family Assessment Assessment/2Providers IFSP Meeting Interim IFSP Meeting Response To Referral Financial Intake – Health Only	Once a year (typical) Once (Intake) Once a year (typical) Once As needed, no billing 4 units before a child is enrolled Every 6 months if needed	Level 2 Level 1 or above Level 2 Level 1 or above Level 1 or above Level 1 or above Level 1 or above
R	Prev. Hlth Services (Not Commonly Used)		See Service Code E	See Service Code E	See Service Code E
S	Medical Trmt. Needs	675	Medical Case Mgmt.	As Needed	Level 2
T	Transportation	249	Transportation	As Needed	N/A
U	Child Care	237 238 254	Consult to Child Care Consult to Agency Integrated Group	As Needed As Needed Daily	Level 1 or above

EARLY INTERVENTION SERVICES LIST WITH REIMBURSEMENT CODES FOR SERVICES

SERVICE CODES	DESCRIPTION	XCODES	DESCRIPTION	Usage	Personnel
V	Vision (This is often a billed as a prepaid service 990)	259	Assistive Tech. Device	Daily	Level 2
		260	Assist. Tech.		
		251	Individual Child Therapy		
		252	Individual Child/Family Therapy		
		253	Individual Family Therapy		
W	Transition Planning	247	Transition Planning	3 times before the child turns three	Level 1 or above
Z	Other Needs (specify if app.)	242	Intake/Family Assessment	Family Assessment once a year after enrolled a year	Level 2
		244	IFSP/Progress Review	At least once every six months	Level 2
		246	Developmental Monitoring	Once every 3 months	Level 2
		700	EI Training Orientation (Not Paid)	As needed	N/A
	Select most accurate code to the prepaid service	990	Prepaid Services	Daily	N/A
		999	Other	Other	N/A

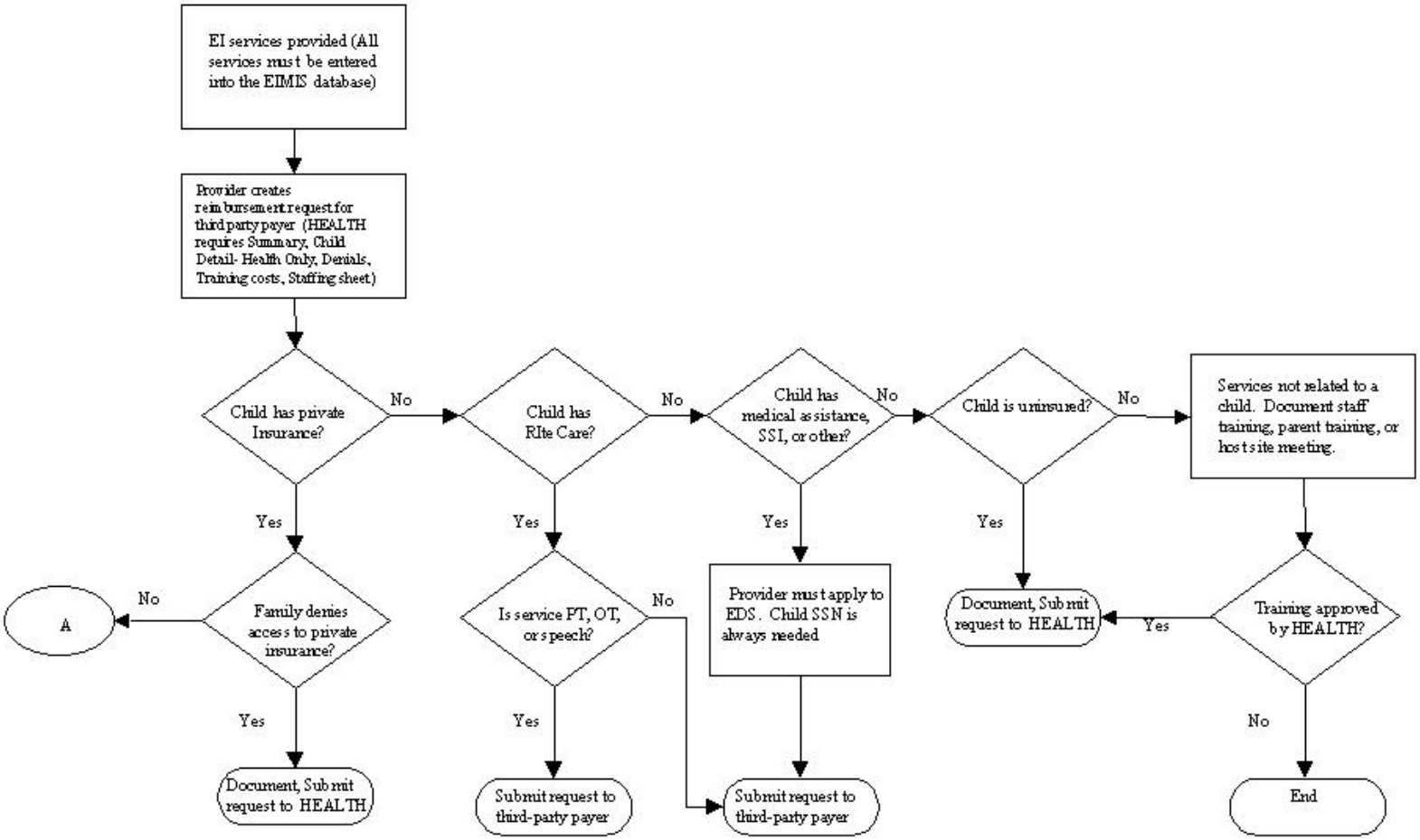
Note: These services must be completed by a qualified personnel to collect reimbursement.

Please review service definitions for description of qualified personnel (e.g., nursing can be performed by an RN or LPN).

*With appropriate license, registration, or certification

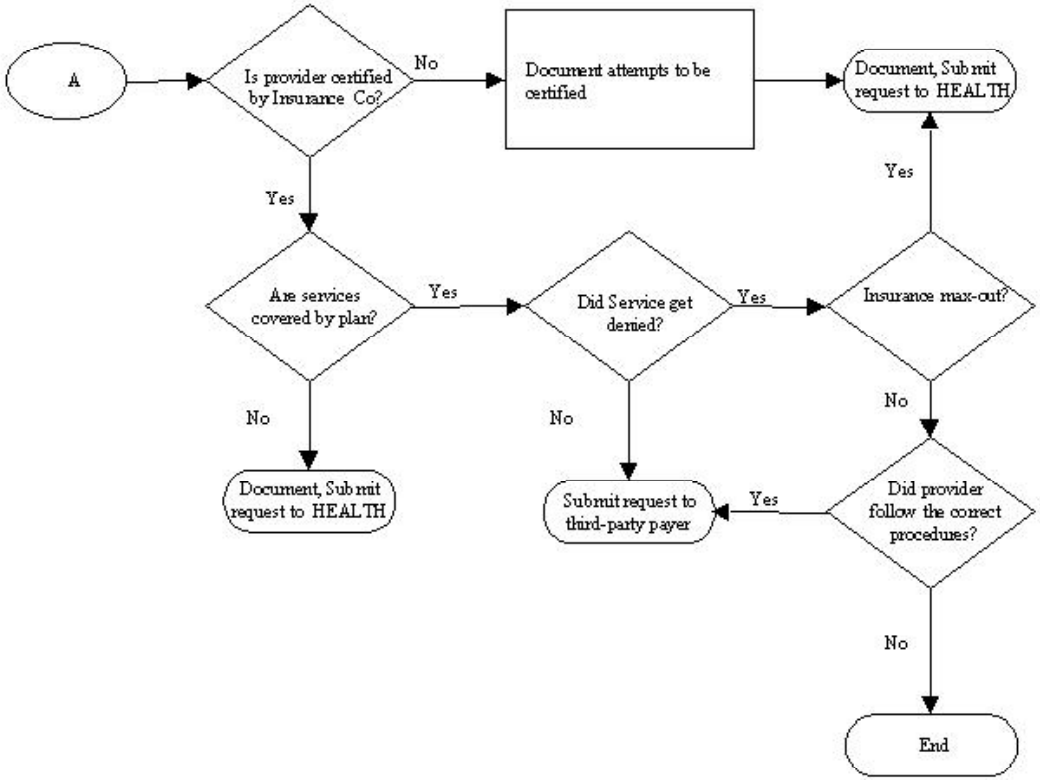
**Call HEALTH for special request for anything not typical

HEALTH EI SERVICES REVIEW REIMBURSEMENT FLOW CHART



Providers need to keep all documentation of services on site

HEALTH EI SERVICES REVIEW REIMBURSEMENT FLOW CHART (Continued)



Providers need to keep all documentation of services on site

SAMPLE REIMBURSEMENT FORMS AND REPORTS

Reimbursement Adjustment Form

In reference to your Request for Reimbursement to HEALTH dated _____ for Early Intervention services, the following adjustments will be made on your next request:

Child ID	Amount	Reason Code	Note
Total Adjustment			

Reason Codes:

A Billed one service multiple times
B Services require two or more staff members present - incorrect number of staff for service
C Billing for services which are not in accordance with staff duties
D Service before IFSP – No service other than 242 & 243 should be provided before an IFSP/Interim IFSP at this point. Exceptions may be made for documented response to crisis.
E Denial needed from child's insurance company
F Family may be eligible for medical coverage
G Incorrect code used
H Service not on IFSP

OTHER ITEMS IN NEED OF CORRECTIVE ACTION(S)

The items below should be reviewed and corrective actions should be taken where indicated for the next billing cycle:

Attached are QA reports to be reviewed:

EARLY INTERVENTION PROVIDER STAFFING FORM

Provider:_____ Date Completed:_____

Completed by:_____

	PROVIDER STAFF		CONTRACT STAFF		VACANCY		
Categories	**FTE**	**Names**	**FTE**	**Names**	**FTE**	**Note**	**Total**
Audiologist							**0.00**
Family Therapist							**0.00**
Nurse							**0.00**
Nutritionist							**0.00**
Occupational Therapist							**0.00**
Orientation and Mobility Specialist							**0.00**
Paraprofessional							**0.00**
Pediatrician							**0.00**
Physical Therapist							**0.00**
Physician, other then peds							**0.00**
Psychologist							**0.00**
Social Worker							**0.00**
Special Educator							**0.00**
Speech and Language Pathologist							**0.00**
Other (Specify below)	**0.00**		**0.00**		**0.00**		**0.00**
Total	**0.00**		**0.00**		**0.00**		**0.00**
Administration (Directors, Program/Service Managers)							**0.00**
Interpreter							**0.00**
Early Interventionist							**0.00**
Early Childhood Educator							**0.00**
Parent Consultant							**0.00**
Operations Support Staff (secretarial support; data entry, billing, and transportation staff)							**0.00**
Service Coordinator (Qualified Personnel)							**0.00**
Clinical Supervisor							**0.00**
Total Other Professional Staff	**0.00**		**0.00**		**0.00**		**0.00**

For FTE's, please use decimals (e.g., staff member who does PT half time should be .5).

Please add rows where needed under "Other." The categories before "Other" are federal reporting guidelines; do *not* change these categories.

Increase row space to add more names in any cell.

EARLY INTERVENTION CURRENT CHILD COUNT BY TOWN

Adamsville	1	50.00%
Pawtucket	1	50.00%
Total	**2**	

HEALTH COST ESTIMATE REVIEW SUMMARY

From **01/01/2001** to **01/31/2001** Run on 11/05/2001

Services	Minutes	Units (1=30 min	Billed Amount
Assessment/2Providers	90	3.0	$370.68
Assist. Tech.	60	2.0	$102.96
Consult to Agency	90	3.0	$154.44
Ctr. Group Services	60	2.0	$61.78
Intake/Family Assessment	60	2.0	$72.08
Other Professional -Eval	90	3.0	$185.34
PT-Service	60	2.0	$123.56

Service Line 7 HEALTH Total Estimate: $1,070.84

Services from prior months not not reimbursed
(Attach late SRF and reason) $
Amount requested for denied claims: $
(Please attach RA's and EOP's for denied claims.)
Referral Responses - Please keep documentation on site $

Other - Please attached documentation $

Non-Direct Service Reimbursement Request:

File Management (Attach current child count by town dated the last working day of the month) $
Supervision Cost: (All supervision and cost should be logged and kept at the provider's site) $
Training (Approved by Health - attach forms) $
Other (Attached documentation) $

Combined Total to HEALTH: $

I certify that this data is accurate and correct and that these services have been provided in accordance with the terms of agreement covering this program.

Signature:_____
Date:_____

DETAILED REVIEW OF EARLY INTERVENTION SERVICE AND COST ESTIMATE

From 01/01/2001 to 01/31/2001

EI Site:

Child ID	*Child's Name/DOB*	*Child's SSN*	*Child's Primary Insurer*	*Child's Secondary Insurer*	*Referral Date*
208	**Big Bird**	**02/02/2000**	**666-66-6666**	**HEALTH -**	**02/10/2001**

based Location/DOS Medicaid	*Service*	*Medicaid X0- Code*	*Billed Payer*	*Rate*	*Minutes*	*Units (1 = 30 min if applicable)*	*Estimate on*
Home 01/04/2001 10:04:59 AM							
		238	HEALTH - MA (Medicaid (MA))	Hourly $51.48	60	2 (max 3)	$102.96
Mary Kay	E.I. Aide		Child Care for Consult to Agency				
Gene Kelly	Assistive Technologist		Child Care for Consult to Agency				
		260	HEALTH - MA (Medicaid (MA))	Hourly $51.48	60	2 (max 10)	$102.96
Gene Kelly	Assistive Technologist		Assistive Tech. for Assist. Tech.				
Home 01/05/2001 1:33:40 PM							
		231	HEALTH - MA (Medicaid (MA))	Hourly $61.78	60	2 (max 3)	$123.56
Shirley Temple	PT Aide		Physical Therapy for PT-Service				
	TOTAL FOR		**Big Bird**				**$380.96**
308	**Ernie Burt**	**11/22/2000**	**666-66-6666**	**Core Source**			
01/04/2001 1:27:01 PM							
		231	Core Source (Private)	Hourly $61.78	120	4 (max 3)*	$185.34
Johnny Dep	PT Assistant		Physical Therapy for PT-Service				
		242	HEALTH - MA (Medicaid (MA))	Hourly $36.04	60	2 (max 4)	$72.08
Brad Pitt	Service Coordinator		Service Coordination for Intake/Family Assessment				
		245B	Core Source (Private)	Flat $0.00	30	(max 0)	$0.00
Harry Ford	Service Coordinator		Other (specify) for Interim IFSP Meeting				
	TOTAL FOR		**Ernie Burt**				**$257.42**

DETAILED REVIEW OF EARLY INTERVENTION SERVICE AND COST ESTIMATE

From 01/01/2001 to 01/31/2001

EI Site:

Child ID	*Child's Name/DOB*	*Child's SSN*	*Child's Primary Insurer*	*Child's Secondary Insurer*	*Referral Date*
108	**Curious George**	**11/11/2000**	**666-66-6666**	**Not Authorized to Blue Chip**	**10/22/2000**

based Location/DOS Medicaid	*Service*	*Medicaid X0- Code*	*Billed Payer*	*Rate*	*Minutes*	*Units (1 = 30 min if applicable)*	*Estimate on*
Home 01/04/2001 10:28:41 AM							
		235	HEALTH - MA (Medicaid (MA))	Hourly $61.78	90	3 (max 3)	$185.34
Edward Scissorshand	Occup. Therapist		Other (specify) for Other Professional -Eval				
		243	HEALTH - MA (Medicaid (MA))	Hourly $123.56	90	3 (max 4)	$370.68
Dumbo Ele	Audiological Assistant		Assistive Tech. for Assessment/2Providers				
Son of Sam	Social Worker		Other (specify) for Assessment/2Providers				
Provider Location 01/04/2001 12:00:15 PM							
		236	HEALTH - MA (Medicaid (MA))	Hourly $30.89	60	2 (max 3)	$61.78
Dumbo Ele	Audiological Assistant		Special Instruction Ctr based for Ctr. Group Services				
Brad Pitt	Service Coordinator		Special Instruction Ctr based for Ctr. Group Services				
Harry Ford	Service Coordinator		Special Instruction Ctr based for Ctr. Group Services				

TOTAL FOR Curious George **$617.80**

TOTAL **$1,256.18**

Record Count **11** Grand Total: **$1,256.18**

***** SAMPLE OF SPECIAL GROUP DATA ENTRY CODES ARE Nb 258 AND Nb 990******************

108	**Curious George**	**11/11/2000**	**666-66-6666**	**Not Authorized to Blue Chip**	**10/22/2000**

Program designed for typical developing children 01/04/2001 10:28:41 AM							
		258	HEALTH - MA (Medicaid (MA))	Hourly $30.89	60	2(max 3)	$61.78
Gymboree	Group		Special Instruction, Integrated for Special Group				
Brad Pitt	Service Coordinator	990	HEALTH - MA (Medicaid (MA)) Special Instruction, Integrated for Prepaid Services	Hourly $00.00	30	2 (max 3)	$00.00

TOTAL FOR Curious George

$61.78

DETAILED REVIEW OF EARLY INTERVENTION SERVICE AND COST ESTIMATE HEALTH ONLY

From 01/01/2001 to 01/31/2001

EI Site:

Child ID	*Child's Name/DOB*	*Child's SSN*	*Child's Primary Insurer*	*Child's Secondary Insurer*	*Referral Date*
				Units (1 = 30 min	*Estimate*
based Location/DOS	*Service*	*Medicaid X0- Code*	*Billed Payer*	*Rate* *Minutes*	*if applicable)*	*on*
Medicaid						
208	**Big**	**Bird**	**02/02/2000**	**666-66-6666**	**HEALTH -**			**02/10/2001**
Home 01/04/2001 10:04:59 AM								
		238	HEALTH - MA (Medicaid (MA))	Hourly	$51.48	60	2 (max 3)	$102.96
Mary Kay	E.I. Aide		Child Care for Consult to Agency					
Gene Kelly	Assistive Technologist		Child Care for Consult to Agency					
		260	HEALTH - MA (Medicaid (MA))	Hourly	$51.48	60	2 (max 10)	$102.96
Gene Kelly	Assistive Technologist		Assistive Tech. for Assist. Tech.					
Home 01/05/2001 1:33:40 PM								
		231	HEALTH - MA (Medicaid (MA))	Hourly	$61.78	60	2 (max 3)	$123.56
Shirley Temple	PT Aide		Physical Therapy for PT-Service					
	TOTAL FOR		**Big**	**Bird**				**$380.96**
308	**Ernie**	**Burt**	**11/22/2000**	**666-66-6666**	**Core Source**			
01/04/2001 1:27:01 PM								
		242	HEALTH - MA (Medicaid (MA))	Hourly	$36.04	60	2 (max 4)	$72.08
Brad Pitt	Service Coordinator		Service Coordination for Intake/Family Assessment					
	TOTAL FOR		**Ernie**	**Burt**				**$72.08**
108	**Curious**	**George**	**11/11/2000**	**666-66-6666**	**Not Authorized to**	**Blue Chip**		**10/22/2000**
Home 01/04/2001 10:28:41 AM								
		235	HEALTH - MA (Medicaid (MA))	Hourly	$61.78	90	3 (max 3)	$185.34
Edward Scissorshand	Occup. Therapist		Other (specify) for Other Professional -Eval					
		243	HEALTH - MA (Medicaid (MA))	Hourly	$123.56	90	3 (max 4)	$370.68
Dumbo Ele	Audiological Assistant		Assistive Tech. for Assessment/2Providers					
Son of Sam	Social Worker		Other (specify) for Assessment/2Providers					
Hospital (Inpatient) 01/04/2001 12:00:15 PM								
		236	HEALTH - MA (Medicaid (MA))	Hourly	$30.89	60	2 (max 3)	$61.78
Dumbo Ele	Audiological Assistant		Assistive Tech. for Ctr. Group Services					
TOTAL FOR			**Curious**	**George**	**$617.80**			
			TOTAL	12	**$1,070.84**			

Record Count **9** Grand Total: **$1,070.84**

HEALTH COST ESTIMATE REVIEW BY SERVICE

From **01/01/2001** to **01/31/2001**

Run on 11/05/2001

Service	*Total*	*HEALTH*	*EPSDT*	*DCYF*	*Katie Beckett*	*Medical Assistance*	*SSI*	*Blue Cross United - RC*	*Neighborhood RC*	*All Other Plans*
Assessment/2Providers	$370.68	$370.68	$0.00							$0.00
Assist. Tech.	$102.96	$102.96	$0.00							$0.00
Consult to Agency	$154.44	$154.44	$0.00							$0.00
Ctr. Group Services	$61.78	$61.78	$0.00							$0.00
Intake/Family Assessment	$72.08	$72.08	$0.00							$0.00
Interim IFSP Meeting	$0.00	$0.00	$0.00							$0.00
Other Professional -Eval	$185.34	$185.34	$0.00							$0.00
PT-Service	$308.90	$123.56	$0.00							$185.34
Total	$1,256.18	$1,070.84	$0.00							$185.34
Percentage	100.00%	85.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.75%

SUPERVISION LOG/ EARLY INTERVENTION

Month:							
Supervisor	**Date**	**Time**	**Type of Supervision**	**Total Time**	**Units**	**Total**	**Staff Signature**
				Total			